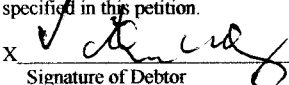
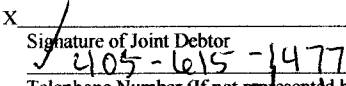
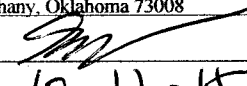


B1 (Official Form 1) (04/13)

UNITED STATES BANKRUPTCY COURT Western District of Oklahoma		VOLUNTARY PETITION	
Name of Debtor (if individual, enter Last, First, Middle): Harding, Aniquasea Marie		Name of Joint Debtor (Spouse) (Last, First, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Anna Hardng, Aniquasea Harding		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 4889		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):	
Street Address of Debtor (No. and Street, City, and State): 1118 N.W. 41st Oklahoma City, Oklahoma <div style="text-align: right;">ZIP CODE 73118</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP CODE</div>	
County of Residence or of the Principal Place of Business: Oklahoma		County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address): n/a <div style="text-align: right;">ZIP CODE</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>	
Location of Principal Assets of Business Debtor (if different from street address above): n/a <div style="text-align: right;">ZIP CODE</div>			
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input type="checkbox"/> Full Filing Fee attached. <input checked="" type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.			THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 2em; transform: rotate(-90deg);">FILED</div> <div style="font-size: 0.8em;">OCT 28 P 2:01</div>
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000			
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			

B1 (Official Form 1) (4/13)**Page 2**

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Aniquasea Marie Harding	
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)			
Location where Filed: n/a	Case Number:	Date Filed:	
Location where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g. forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition declare that I have informed the petitioner that [her or she] may proceed under chapter 7, 11, 12, or 13 of the title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). X _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.			
Information Regarding the Debtor – Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning a debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

B1 (Official Form) 1 (4/13)		Page 3
Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Aniquasea Marie Harding	
Signatures		
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u></u> Signature of Debtor</p> <p>X <u></u> Signature of Joint Debtor</p> <p><u>405-615-1477</u> Telephone Number (If not represented by attorney)</p> <p><u>10/12/2015</u> Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>	
<p style="text-align: center;">Signature of Attorney*</p> <p>X _____ Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p>_____ Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p><u>\$100 Bankruptcy, Steven Want, President</u> Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p><u>224-80-6944</u> Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p><u>P.O. Box 1623</u> Address</p> <p><u>Bethany, Oklahoma 73008</u> City, State, and ZIP Code</p> <p>X <u></u> Date</p> <p><u>10-12-15</u> Date</p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attaché additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p>	
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>		

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

UNITED STATES BANKRUPTCY COURT

In re Aniguasea Harding
Debtor

Case No. _____

Chapter 7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

\$100 Bankruptcy, Steven Want
Printed name and title, if any, of Bankruptcy Petition Preparer
Address: P.O. Box 1623, Bethany, CT 73008

224-80-6944

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

X _____

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Aniguasea M. Harding
Printed Name(s) of Debtor(s)

X [Signature] 10/12/2014
Signature of Debtor Date

Case No. (if known) _____

X _____
Signature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B 1D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT

Western District of Oklahoma

In re Aniquasea Harding
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

B 1D (Official Form 1, Exh. D) (12/09) – Cont.

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: _____

Date: _____

10/12/2015

Certificate Number: 15725-OKW-CC-026064223



15725-OKW-CC-026064223

CERTIFICATE OF COUNSELING

I CERTIFY that on August 18, 2015, at 6:00 o'clock PM EDT, Aniquasea Harding received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 18, 2015 By: /s/Andres Reyes

Name: Andres Reyes

Title: Issuer

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

B 6 Summary (Official Form 6 - Summary) (12/14)

UNITED STATES BANKRUPTCY COURT

In re Aniquasea Harding
Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0		
B - Personal Property	Yes	3	\$ 1540		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 4171	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	24		\$ 164416	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 2026
J - Current Expenditures of Individual Debtors(s)	Yes	3			\$ 2015
TOTAL		40	\$ 1540	\$ 168587	

B 6 Summary (Official Form 6 - Summary) (12/14)

UNITED STATES BANKRUPTCY COURT

In re Aniquasea Harding
Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 4171
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0
Student Loan Obligations (from Schedule F)	\$ 9536
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0
TOTAL	\$ 13707

State the following:

Average Income (from Schedule I, Line 12)	\$ 2026
Average Expenses (from Schedule J, Line 22)	\$ 2015
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$ 2067

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 4171	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0
4. Total from Schedule F		\$ 16446
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 16446

B6A (Official Form 6A) (12/07)In re Aniquasea Harding,
DebtorCase No. _____
(If known)**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
n/a				
Total ►			\$0	

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)In re Anna Harding
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH-OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash		\$50
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Savings Account w/Okla Federal Credit Union		\$40
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit w/Amische Investments		\$850
4. Household goods and furnishings, including audio, video, and computer equipment.		Sectional Sofa, Coffee Table, 2 Beds, 2 TVs, 2 DVD Players, Computer, Dining Table, Washer/Dryer, Microwave		\$500
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Ordinary Wearing Apparel		\$100
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).	X			

B6B (Official Form 6B) (12/07) – Cont.In re Anna Harding
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keough or other pension or profit sharing plans. Give particulars		401K plan through employer administered by Wells Fargo		
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X	2014 Income Tax Refund received in March, 2015, (Expended on Bills)		(\$3569)
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.				
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

B6B (Official Form 6B) (12/07) – Cont.In re Anna Harding,
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101 (41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

_____ continuation sheets attached

Total ► **\$1540**(Include amounts from any continuation
sheets attached. Report total also on
Summary of Schedules.)

B6C (Official Form 6C) (4/13)In re Aniquasea Harding,
DebtorCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Furniture, Health Aids, Clothing, Personal Effects	Oklahoma Section 31-1 (A) (8), (10), (11), (15), (16)	Clothing \$4000, Unlimited to Others	\$600
Wages, Salary, Commissions; Social Security	Oklahoma Sections 12-1171.1; 56-173	Unlimited	\$1
401K Plan	Oklahoma Section 60-328	Unlimited	\$

* Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)In re Aniquasea Harding,
DebtorCase No. _____
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND AN ACCOUNT NUMBER (See instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
Subtotal ► (Total of this page)							\$0	\$
Total ► (Use only on last page)							\$0	\$

____ continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (4/13)In re Aniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) – Cont.

In re Aniquasea Harding
Debtor

Case No. _____
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

** Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

____ continuation sheets attached

B6E (Official Form 6E) (4/13) – Cont.

In re Aniquasca Harding,
DebtorCase No. _____
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No. Okla Dept of Human Srvs, Office of Inspector General, Child care Compliance, P O Box 25352, OKC, Ok 73125			Child Assistance Overpayment; 2010-January, 2011				\$2030	\$2030	
Account No. Oklahoma Employment Sec Commission, P O Box 52925, OKC, Ok 73152- 2925			Levy				\$2141	\$2141	
Account No.									
Account No.									
Account No.									
Subtotal ► (Total of this page)							\$ 4171	\$ 4171	
Total ► (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)							\$ 4171		
Totals ► (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data)								\$ 4171	\$

Sheet no. ___ of ___ sheets attached to Schedule of
Creditors Holding Priority Claims

B6F (Official Form 6F) (12/07)In re Aniquasca Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Code debtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Code debtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Rental Contract				\$1980
National Credit Adjusters, Aarons Sales and Lease, P O Box 3023, Hutchinson, KS 67504-3023						X	
ACCOUNT NO.			Tuition, Fees				\$543
ConServe, Western OK State Coll, P O Box 7, Fairport, NY 14450						X	
ACCOUNT NO.			Car Loan (Auto Repossessed)				\$10000
Autopay Srvs., P O Box 40409, Dnever, CO 80204						X	
ACCOUNT NO.			Tuition Fees				(\$543)
Credit World Srvs, Western Ok State Col, 6000 Martway St., Shawnee Mission, KS 66202						X	
Subtotal ●							\$ 12523
Total ●							\$

____ continuation sheet

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Anniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Bay Area Credit Svc, AT&T, P O Box 468449, Atlanta, GA 31146			Phone Bill			X	(\$335)
ACCOUNT NO. AT&T, P O Box 5014, Carol Stream, IL 60197			Phone Bill			X	\$335
ACCOUNT NO. Cox Communications, P O Box 268870, OKC, Ok 73126-8870			Cable Bill			X	\$420
ACCOUNT NO. Credit Control, Various Creditors, P O Box 120630, Newport News, VA 23612			Credit Accounts			X	\$139
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$15960
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

B6F (Official Form 6F) (12/07) - Cont.

In re Anniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. OG&E, P O Box 24990, OKC, Ok 73124			Electric Bill			X	\$485
ACCOUNT NO. FMS, Inc., Okla Gas & Elec., P O Box 707600, Tulsa, OK 74170-7600			Electric Bill			X	\$30
ACCOUNT NO. City of Oklahoma City, P O Box 26570, OKC, Ok 73126-0570			Utility Bill			X	\$2185
ACCOUNT NO. Integris Southwest Medical Cntr, P O Box 268908, OKC, Ok 73126-8908			Medical Bill			X	\$400
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$19060
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.In re Aniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Medical Bill				\$107
Kansas Counselors, Inc., Baptist ER Physicians, 1421 N. Saint Paul St., Wichita, KS 67203						X	
ACCOUNT NO.			Unsecured Loan				\$180
Dynamic Recovery Sltms, EZ Payday Loans of Okla, P O Box 25759, Greenville, SC 29616						X	
ACCOUNT NO.			Unsecured Loan				\$1000
Money Services, W. Craig Barton, Atty, P O Box 54886, Oklahoma City, OK 73154						X	
ACCOUNT NO.			Unsecured Loan				\$300
United Finance Co., 4644 S.E. 29 th , Del City, OK 73115						X	
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$23542
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Unsecured Loan				\$532
Frontier Financial Grp, United Debt Holding Co., Ace Cash, 631 N. Stephanie St., #419, Henderson, NV 89014						X	
ACCOUNT NO.			Unsecured Loan				\$1000
Continental Credit, 6054 S. Western Ave., OKC, Ok 73139						X	
ACCOUNT NO.			Unsecured Loan				\$370
National Credit Adjusters, ABC Payday Loan, P O Box 3023, Hutchinson, KS 67504-3023						X	
ACCOUNT NO.			Unsecured Loan				\$532
RoVo & Assoc., Ace Cash, United Debt Holding Co., 9980 W. Flamingo Rd., Las Vegas, NV 89147						X	
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$25976
							Total ► \$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Aniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Unsecured Loan				\$92
Credit Collections, Inc., Cash King Loans, P O Box 60607, OKC, Ok 73146						X	
ACCOUNT NO.			Unsecured Loan				\$367
Corporate Office, United Finance Co., P O Box 54886, OKC, Ok 73154						X	
ACCOUNT NO.			Car Loan (Auto Repossessed)				\$3750
Aloha Financial, Certified Credit Fncl, 4900 Tinker Diagonal, Del City, OK 73115						X	
ACCOUNT NO.			Unsecured Loan				\$165
United Finance Co., 4644 SE 29 th , Del City, OK 73115						X	
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$30350
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Unsecured Loan				\$351
Paid in Cash, 4859 S.E. 44 th ST., Del City, OK 73115						X	
ACCOUNT NO.			Unsecured Loan				\$881
Monarch Recovery Mgmt., Asset Acceptance, First Premier Bank, 10965 Decatur Rd., Philadelphia, PA 19154						X	
ACCOUNT NO.			Unsecured Loan				\$370
Customer Credit Del City, 4980 S.E. 29 th , Del City, OK 73115-3115						X	
ACCOUNT NO.			Fitness Contract				\$876
Millennium Financial Grp, All American Fitness, 5770 NW Expressway, Ste 102, OKC, Ok 73132						X	
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$32828
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Aniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Full Circle Fncl Svcs, Europro Operating, P O Box 2438, Largo, FL 33779-2438			Credit Account			X	\$248
ACCOUNT NO. Paid in Cash, 4859 S.E. 44 th St., Del City, OK 73115			Unsecured Loan			X	\$457
ACCOUNT NO. City National Bank & Trust Co., Collections Dept., 500 Montgomery Sq., Lawton, OK 73501			Unsecured Loan			X	\$281
ACCOUNT NO. Customer Credit Corp., 4989 S.E. 29 th St., Del City OK 73115			Unsecured Loan			X	\$505
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$34319
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

B6F (Official Form 6F) (12/07) - Cont.

In re Aniquasca Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Civil Judgment Okla County Dist Court				\$760
Professional Ins. Corp. of Okla, PIC/MW, Scott Suchy, Atty, P.O. Box 720066, OKC, Ok 73172						X	
ACCOUNT NO.			Credit Account				\$365
Affiliated Computer Serv., Xerox, 400 Hudiburg Circ., Ste A, OKC, Ok 73108						X	
ACCOUNT NO.			Unsecured Loan				\$336
Maverick Finance, 6054 S. Western, OKC, Ok 73139						X	
ACCOUNT NO.			Credit Account				\$1264
H&R Block Bank, P O Box 7235, Sioux Falls, SD 57117						X	
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$37044
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Aniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. TRS Recovery Srvs, Wal Mart, P O Box 60022, City of Industry, CA 91716-0022			Returned Check			X	\$160
ACCOUNT NO. National Credit Adjusters, SGQ Processing, P O Box 3023, Hutchinson, KS 67504-3023			Credit Account			X	\$383
ACCOUNT NO. H & H Legal Support Srvs., P O Box 720066, OKC, Ok 73172			Civil Judgment			X	\$1000
ACCOUNT NO. National Credit Adjusters, William Sokol, Atty, 900 12 th Street, Ste A-11, Hammonton, NJ 08037			Credit Account			X	\$510
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$39097
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

B6F (Official Form 6F) (12/07) - Cont.

In Re Aniqua Harding

Debtor

Case No. _____

(if known)

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. - Dynamic Recovery Sltns, Lifetouch, P O Box 25769, Greenville, SC 29616			Credit Account			X	\$137
ACCOUNT NO. TRS Recovery Svcs, Lifetouch, P O Box 173809, Denver, CO 80217			Credit Account			X	\$143
ACCOUNT NO. Hooked on Phonics, 103 Mill Plain Rd, Danbury, CT 06811			Subscription			X	\$200
ACCOUNT NO. Credit Sltns Corp., First Bank of Delaware, 5454 Ruffin Rd., Ste 200, San Diego, CA 92123			Credit Account			X	\$20
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$37544
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

B6F (Official Form 6F) (12/07) - Cont.

In Re Aniquasca Harding

Case No. _____

Debtor

(if known)

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. - Eureka Water Co., 729 SW 3 rd , OKC, Ok 73109			Credit Account			X	\$118
ACCOUNT NO. TexasLife Ins. Co., P O Box 2209, Waco, TX 76793			Premium			X	\$118
ACCOUNT NO. NCB Mgmt Srvs, Bank of Okla, P O Box 1099, Langhorne, PA 19047			Unsecured Loan			X	\$9614
ACCOUNT NO. Bank of Oklahoma, Love, Beal & Nixon, PC, P O Box 32738, OKC, Ok 73123			Unsecured Loan, Civil Judgment			X	\$9500
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$56894
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

B6F (Official Form 6F) (12/07) - Cont.

In Re Aniqueasca Harding

Case No. _____

Debtor

(if known)

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. - TerraCom, Inc., P O Box 26525, Section 3050, OKC, Ok 73126			Phone Bill			X	\$200
ACCOUNT NO. North Shore Agency, Publishers Clearing House, P O Box 9205, Old Bethpage, NY 11804-9005			Subscription			X	\$48
ACCOUNT NO. City National Bank, 500 Montgomery Sq., Lawton, OK 73501			Bank Fees			X	\$281
ACCOUNT NO. Weltman, Weinberg & Reis, LPA, United Tranz Actions, P O Box 93596, Cleveland, OH 44101			Credit Account			X	\$1330
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$58753
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

B6F (Official Form 6F) (12/07) - Cont.

In Re Aniquasca Harding

Case No. _____

Debtor

(if known)

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. - Affiliated Credit Svcs, Target Store No. 0044, P O Box 7739, Rochester, MN 55903-7739			Credit Account			X	\$2153
ACCOUNT NO. Certegy Payment Rcvry Serv., Murphy Oil, Academy Sports, P.O. Box 30272, Tampa, FL 33630			Returned Checks			X	\$98
ACCOUNT NO. CMRE Financial Svcs, 3075 E. Imperial Hwy, Ste 200, Brea, CA 92821			Unsecured Loan			X	\$225
ACCOUNT NO. Integrity Auto Finance, 801 W I- 240, OKC, Ok 73139			Car Loan (Auto Repossessed)			X	\$26501
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$87730
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. - LTD Financial Srvs., Sandviks Hop, 7322 Southwest Freeway, Ste 1600, Houston, TX 77074			Credit Account			X	\$200
ACCOUNT NO. Publishers Clearing House, P O Box 4002936, Des Moines, IA 50340			Subscription			X	\$48
ACCOUNT NO. Tulsa Adjustment Bur., Cox Communications, P O Box 52032, Tulsa, OK 74152			Cable Bill			X	\$435
ACCOUNT NO. The Oklahoman, P O Box 268880, OKC, Ok 73126			Subscription			X	\$38
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							\$88451
<div style="text-align: right;">Subtotal ►</div> <div style="text-align: right;">Total ►</div> <div style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</div>							\$

B6F (Official Form 6F) (12/07) - Cont.

In Re Aniqueasea Harding

Case No. _____

Debtor

(if known)

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. - Emerg Srvs of Oklahoma, 3075, E. Imperial Hwy, STe 200, Brea, CA 92821			Medical Bill			X	\$225
ACCOUNT NO. FMS, INc., Integris SW Medical Cntr, FMS, Inc., P O Box 707600, Tulsa, OK 74170-7600			Medical Bill			X	\$362
ACCOUNT NO. Allied Interstate LLC, Public Storage, P O Box 361774, Columbus, OH 43236			Rental Bill			X	\$85
ACCOUNT NO. Aaron's, P O Box 102746, Atlanta, GA 30368-2746			Rental Bill			X	\$2100
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$91223
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

B6F (Official Form 6F) (12/07) - Cont.

In re Anna Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Bank of Oklahoma, Love, Beal and Nixon, PC, Attys, P O Box 32738, OKC, Ok 73123			Civil Judgment			X	\$8800
ACCOUNT NO. All American Fitness, Attn: Julie Stark, P O Box 3307, Tulsa, OK 74153-1007			Fitness Contract			X	\$876
ACCOUNT NO. Miche Investment, 714 NW 25 th , OKC, Ok			Fees, Credit Account			X	\$3350
ACCOUNT NO. AC Autopay, 1147 Broadway, Denver, CO 80203			Credit Account			X	\$5397
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 109646
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Aniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Dealer's Finance Co., 1125 SE Grand Blvd, Suite 102, OKC, Ok 73129			Car Loan (Auto Repossessed)			X	\$12417
ACCOUNT NO. Sallie Mae, P O Box 9635, Wilkes Barre, PA 18773			Student Loans			X	2665
ACCOUNT NO. CMRE Financial, Medical Pament Data, 3075 E. Imperial Hwy, Ste 200, Brea, CA 92821			Medical Bill			X	\$225
ACCOUNT NO. Credit Adjustment Co, Integris Baptist Mdcl Cntr, 2601 NW Expressway, Ste 1000E, OKC, Ok 73112- 7272			Medical Bill			X	\$694
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$137455
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO.			Water Bill				\$442	
Credit Collections, Eureka Water, P O Box 60607, OKC, Ok 73146-0607						X		
ACCOUNT NO.			Cable, Phone Bill				\$415	
Credit Control Corp, Cox Comm., P O Box 120570, Newport News, VA 23612- 0570						X		
ACCOUNT NO.			Utility Bill				\$2227	
Credit Systems, Intrnl., City of Oklahoma City, 1277 Country Club Ln, Ft. Worth, TX 76112-2304						X		
ACCOUNT NO.			Phone Bill				\$551	
Enhanced Recovery Co., ATT, P O Box 57547, Jacksonville, FL 32241						X		
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ►	\$141090
							Total ►	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Aniqueasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Rent				\$10571
Fidelity Information Corp., Landlord Ians Enterprise, P O Box 49938, Los Angeles, CA 90049						X	
ACCOUNT NO.			Medical Bill				\$1194
FMS Inc., Integris Baptist Mdcl Cntr, Integris SW Medical Cntr, P O Box 707600, Tulsa, OK 74170- 7600						X	
ACCOUNT NO.			Cable Bills				\$449
IC System Collections, ATT Uverse, ATT Southwest, P O Box 64378, St. Paul, MN 55164-0378						X	
ACCOUNT NO.			Fitness Contract				\$876
Millennium Financial Grp, All American Fitness, 5770 NW Expressway, Ste 102, OKC, Ok 73132						X	
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$154180
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

B6F (Official Form 6F) (12/07) - Cont.In re Aniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Gas Bill				\$360
Oklahoma Natural Gas, OKC, Ok						X	
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Sheet no. _____ of _____ continuation sheets attached To Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$164416
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► \$164416

B6G (Official Form 6G) (12/07)In re Aniquasea Harding,
DebtorCase No. _____
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 100/(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Radar Realty, OKC, Ok	Year lease of residence

B6H (Official Form 6H) (12/07)In re Aniquasca Harding,
DebtorCase No. _____
(if known)**SCHEDULE H – CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Clifford Richardson, OKC, Ok	Ion Enterprises

Fill in this information to identify your case:

Debtor 1 Aniguasea Harding
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of OK

Case number
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

☐ Employed
☐ Not employed

Occupation

Premium Acctg Clerk

Employer's name

Globe Life (Torchmark)

Employer's address

Number Street

Number Street

Oklahoma City, OK

City State ZIP Code

City State ZIP Code

How long employed there?

1 year**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

	For Debtor 1	For Debtor 2 or non-filing spouse
2.	\$ <u>2400</u>	\$ <u> </u>

3. Estimate and list monthly overtime pay.

3.	+\$ <u>0</u>	+\$ <u> </u>
----	--------------	-----------------------

4. Calculate gross income. Add line 2 + line 3.

4.	\$ <u>2400</u>	\$ <u> </u>
----	----------------	----------------------

Debtor 1

Aniquasea Harding
 First Name Middle Name Last Name

Case number (if known)

Copy line 4 here

→ 4.

For Debtor 1

For Debtor 2 or
non-filing spouse

\$ 2400

\$

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$ 249

\$

5b. Mandatory contributions for retirement plans

5b. \$ 0

\$

5c. Voluntary contributions for retirement plans

5c. \$ 70

\$

5d. Required repayments of retirement fund loans

5d. \$ 0

\$

5e. Insurance

5e. \$ 222

\$

5f. Domestic support obligations

5f. \$ 0

\$

5g. Union dues

5g. \$ 0

\$

5h. Other deductions. Specify:

5h. + \$ 0

+ \$

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$ 541

\$

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 1859

\$

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0

\$

8b. Interest and dividends

8b. \$ 0

\$

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0

\$

8d. Unemployment compensation

8d. \$ 0

\$

8e. Social Security

8e. \$ 0

\$

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

8f. \$ 167

\$

Specify: food stamps

8f.

8g. Pension or retirement income

8g. \$ 0

\$

8h. Other monthly income. Specify:

8h. + \$ 0

+ \$

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 167

\$

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 2026

+

\$ 0

=

\$ 2026

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify:

11. + \$ 0

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.

\$ 2026

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1 Aniqua Sea Harding
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) Western OK
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of OK

Case number
 (If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY _____
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

child

9yrs

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 750

4a. \$ 0

4b. \$ 0

4c. \$ 50

4d. \$ 0

Debtor 1

Aniquasea Harding
 First Name Middle Name Last Name

Case number (if known) _____

Your expenses

- | | |
|---|-------------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. \$ <u>0</u> |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ <u>400</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>65</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>70</u> |
| 6d. Other. Specify: _____ | 6d. \$ <u>0</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>380</u> |
| 8. Childcare and children's education costs | 8. \$ <u>20</u> |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>80</u> |
| 10. Personal care products and services | 10. \$ <u>40</u> |
| 11. Medical and dental expenses | 11. \$ <u>30</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments. | 12. \$ <u>180</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>0</u> |
| 14. Charitable contributions and religious donations | 14. \$ <u>0</u> |
| 15. Insurance.
Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ <u>0</u> |
| 15b. Health insurance | 15b. \$ <u>0</u> |
| 15c. Vehicle insurance | 15c. \$ <u>0</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ | 16. \$ <u>0</u> |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>0</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0</u> |
| 17c. Other. Specify: _____ | 17c. \$ <u>0</u> |
| 17d. Other. Specify: _____ | 17d. \$ <u>0</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I). | 18. \$ <u>0</u> |
| 19. Other payments you make to support others who do not live with you.
Specify: _____ | 19. \$ <u>0</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ <u>0</u> |
| 20b. Real estate taxes | 20b. \$ <u>0</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0</u> |

Debtor 1

Aniquasea Harding
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ 0

22. Your monthly expenses. Add lines 4 through 21.
 The result is your monthly expenses.

22. \$ 2015

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2026

23b. Copy your monthly expenses from line 22 above.

23b. -\$ 2015

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23c. \$ 11

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here:

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re Aniquasea M. Harding,
DebtorCase No. _____
(if known)**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 42 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 10/12/2015
Date _____

Signature: [Signature] Debtor
Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

\$100 Bankruptcy, Steven Want
Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

224-806944
Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

P.O. Box 1623
Bethany, Oklahoma
73008
Address

X [Signature]
Signature of Bankruptcy Petition Preparer

10-12-15
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT

In re:

Aniquasea Harding
Debtor

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

\$20667
\$32000

SOURCE

2014 Employment
2013 Employment

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2. Income other than from employment or operation of business

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

\$3569
\$221/month

SOURCE

Income Tax Return
Food Stamps

3. Payments to creditors

None

☒

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTSAMOUNT
PAIDAMOUNT
STILL OWING

None

☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERSAMOUNT
PAID OR
VALUE OF
TRANSFERSAMOUNT
STILL
OWING

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	--------------------	----------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	-------------------------	---------------------------------	--------------------------

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	---

Tan. Enterprises

Ongoing garnishment

Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	---

AC Auto Pay

11/15

1st Dodge Magnus

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6. Assignments and receivershipsNone
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF ASSIGNEEDATE OF
ASSIGNMENTTERMS OF
ASSIGNMENT
OR SETTLEMENTNone
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CUSTODIANNAME AND LOCATION
OF COURT
CASE TITLE & NUMBERDATE OF
ORDERDESCRIPTION
AND VALUE
OF PROPERTY**7. Gifts**None
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF PERSON
OR ORGANIZATIONRELATIONSHIP
TO DEBTOR,
IF ANYDATE
OF GIFTDESCRIPTION
AND VALUE
OF GIFT**8. Losses**None
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case or **since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION
AND VALUE OF
PROPERTYDESCRIPTION OF CIRCUMSTANCES AND, IF
LOSS WAS COVERED IN WHOLE OR IN PART
BY INSURANCE, GIVE PARTICULARSDATE
OF LOSS

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9. Payments related to debt counseling or bankruptcyNone
☒

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
\$100 Bankruptcy Stern, Uant P.O. Box 623 Bethany, OK 73008	4/10/15 5/29/15	\$100 \$100

10. Other transfersNone
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--	------	--

None
☒

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accountsNone
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

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12. Safe deposit boxesNone
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------------	---

13. SetoffsNone
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
---------------------------------	-------------------	---------------------

14. Property held for another personNone
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtorNone
☐

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
304 NW 1st St	(same)	10/13 - 9/14
OKC, OK 73106		
214 NW 25th		9/14 - 3/15
OKC		

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15. Spouses and Former SpousesNone
☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None
☒

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME
AND ADDRESSNAME AND ADDRESS
OF GOVERNMENTAL UNITDATE OF
NOTICEENVIRONMENTAL
LAWNone
☒

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME
AND ADDRESSNAME AND ADDRESS
OF GOVERNMENTAL UNITDATE OF
NOTICEENVIRONMENTAL
LAWNone
☒

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR
DISPOSITION**18. Nature, location and name of business**None
☒

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or

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other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-ID. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	---	---------	--------------------	-------------------------------

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None



b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

B7 (Official Form 7) (04/13)

9

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None



d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT
OF INVENTORY
(Specify cost, market or other basis)

None



b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES
OF CUSTODIAN
OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

B7 (Official Form 7) (04/13)

10

22. Former partners, officers, directors and shareholders

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY
OR DESCRIPTION
AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER-IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

* * * * *

[If completed by an individual or individual and spouse]

B7 (Official Form 7) (04/13)

11

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date

10/12/2015

Signature of Debtor

[Signature]

Date

Signature of Joint Debtor (if any)

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date

Signature

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

100 Bankruptcy, Steven Went

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

224-80-6944

Social-Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.

P.O. Box 1623, Bethany, OK 73008

Address

Signature of Bankruptcy Petition Preparer

Date

10-12-2015

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

Debtor 1

Aniquasey Harding
 First Name Middle Name Last Name

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow

For you \$ _____

For your spouse \$ _____

\$ 0

\$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0

\$ _____

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. _____

\$ 0

\$ _____

10b. _____

\$ 0

\$ _____

10c. Total amounts from separate pages, if any.

+\$ 0

+ \$ _____

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 2067

+ \$ 0

= \$ 2067

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here \rightarrow 12a.

\$ 2067

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 30804

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Oklahoma

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household. 13.

\$ 5300

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x

Signature of Debtor 1

Date

MM / DD / YYYY

x

Signature of Debtor 2

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

B 8 (Official Form 8) (12/08)

UNITED STATES BANKRUPTCY COURT

Western District of Oklahoma

In re Aniquasea Harding,
Debtor

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. *(Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)*

Property No. 1	
Creditor's Name: n/a	Describe Property Securing Debt:
<p>Property will be <i>(check one)</i>:</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained </div> <p>If retaining the property, I intend to <i>(check at least one)</i>:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ using 11 U.S.C. § 522(f). </div> <div style="text-align: right;">(for example, avoid lien)</div> </div> <p>Property is <i>(check one)</i>:</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt </div>	

Property No. 2 <i>(if necessary)</i>	
Creditor's Name:	Describe Property Securing Debt:
<p>Property will be <i>(check one)</i>:</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained </div> <p>If retaining the property, I intend to <i>(check at least one)</i>:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ using 11 U.S.C. § 522(f). </div> <div style="text-align: right;">(for example, avoid lien)</div> </div> <p>Property is <i>(check one)</i>:</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt </div>	

B 8 (Official Form 8) (12/08)

Page 2

PART B – Personal property subject to unexpired leases. *(All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)*

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2 <i>(if necessary)</i>		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

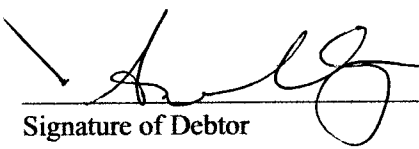
Property No. 3 <i>(if necessary)</i>		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

_____ continuation sheets attached *(if any)*

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date:

10/12/2018



Signature of Debtor

 Signature of Joint Debtor

B 280
(10/05)

United States Bankruptcy Court

Western District Of Oklahoma

In re Aniquasea Harding
Debtor

Case No. _____

Chapter 7**DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER***[Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).]*

1. Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For document preparation services I have agreed to accept..... \$200Prior to the filing of this statement I have received..... \$200Balance Due..... \$0

2. I have prepared or caused to be prepared the following documents (itemize):

and provided the following services (itemize):

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)


4. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case.

6. To my knowledge no other person has prepared for compensation a document for filing in connection with this bankruptcy case except as listed below:

NAME

x 
Signature\$100Bankruptcy, Steven Want
Printed name and title, if any, of Bankruptcy
Petition PreparerAddress: P.O. Box 1623Bethany, Oklahoma 73008

SOCIAL SECURITY NUMBER

224-806944
Social Security number of bankruptcy
petition preparer (If the bankruptcy
petition preparer is not an individual,
state the Social Security number of the
officer, principal, responsible person or
partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)10-12-15
Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B19 (Official Form 19) (12/07)

United States Bankruptcy Court

Western District Of Oklahoma

In re Aniquasea Harding,
Debtor

Case No. _____

Chapter 7

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared the accompanying document(s) listed below for compensation and have provided the debtor with a copy of the document(s) and the attached notice as required by 11 U.S.C. §§ 110(b), 110(h), and 342(b); and (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Accompanying documents:

Voluntary Petition, All Schedules, Statements of
Financial Affairs and Financial Means, All
Declarations, Disclosures and Notices, Matrix,
Application for Filing Fees, Cover Letter to Court

Printed or Typed Name and Title, if any, of
Bankruptcy Petition Preparer:

\$100Bankruptcy, Steven Want

Social-Security No. of Bankruptcy Petition
Preparer (Required by 11 U.S.C. § 110):

224-80-6444

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.

P.O. Box 1623

Bethany, Oklahoma 73008

Address

X

Signature of Bankruptcy Petition Preparer

Date

10-12-15

Names and social-security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B19 (Official Form 19) (12/07) - Cont.

2

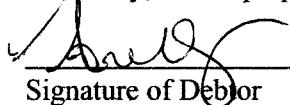
NOTICE TO DEBTOR BY NON-ATTORNEY BANKRUPTCY PETITION PREPARER*[Must be filed with any document(s) prepared by a bankruptcy petition preparer.]*

I am a bankruptcy petition preparer. I am not an attorney and may not practice law or give legal advice. Before preparing any document for filing as defined in § 110(a)(2) of the Bankruptcy Code or accepting any fees, I am required by law to provide you with this notice concerning bankruptcy petition preparers. Under the law, § 110 of the Bankruptcy Code (11 U.S.C. § 110), I am forbidden to offer you any legal advice, including advice about any of the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether commencing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to retain your home, car, or other property after commencing a case under the Bankruptcy Code;
- the tax consequences of a case brought under the Bankruptcy Code;
- the dischargeability of tax claims;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement with a creditor to reaffirm a debt;
- how to characterize the nature of your interests in property or your debts; or
- bankruptcy procedures and rights.

[The notice may provide additional examples of legal advice that a bankruptcy petition preparer is not authorized to give.]

In addition, under 11 U.S.C. § 110(h), the Supreme Court or the Judicial Conference of the United States may promulgate rules or guidelines setting a maximum allowable fee chargeable by a bankruptcy petition preparer. As required by law, I have notified you of this maximum allowable fee, if any, before preparing any document for filing or accepting any fee from you.



 Signature of Debtor

10/12/2015

 Date

 Joint Debtor (if any)

 Date

[In a joint case, both spouses must sign.]

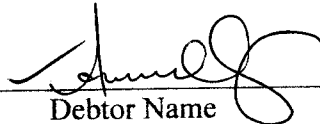
IN THE UNITED STATES BANKRUPTCY COURT FOR THE
WESTERN DISTRICT OF OKLAHOMA

IN RE: Aniquasea Harding)
)
) Case No. _____ - _____ - _____
) Chapter 7
Debtor.)

VERIFICATION OF MATRIX

The above named debtor hereby verifies that the attached List of Creditors is true and correct to the best of his/her/their knowledge.

Date: 10/12/2015


Debtor Name

Joint Debtor Name (if applicable)

Aarons
P O Box 102746
Atlanta GA 30368-2746

85

AC Autopay
1147 Broadway
Denver CO 80203

Acceptance Now
5501 Headquarters
Plano TX 75024

Affiliated Credit Svcs
Target Store No 0044
P O Box 7739
Rochester MN 55903-7739

AFNI ATT
P O Box 3517
Bloomington IL 61702-3517

All American Fitness
Attn: Julie Stark
P O Box 3307
Tulsa OK 74153-1007

Allied Interstate LLC
Public Storage
P O Box 361774
Columbus OH 43236

Aloha Financial
Certified Credit Fncl
4900 Tinker Diagonal
Del City OK 73115

ATT
P O Box 105414
Atlanta GA 30348-5414

ATT
P O Box 5014
Carol Stream IL 60197

Autopay Srvs
P O Box 40409
Denver CO 80204

Bank of Oklahoma
Love Beal and Nixon PC
P O Box 32738
Oklahoma City OK 73123

Bay Area Credit Srvc
ATT
P O Box 468449
Atlanta GA 31146

CAC Financial Corp
Integris SW Med Cntr
Integris Baptist Med Cntr
2601 NW Expressway Ste 1000 E
Oklahoma City OK 73112

Certegy Payment Recovery Ser
Murphy Oil
Academy Sports
P O Box 30272
Tampa FL 33630

City National Bank and Trust
Collections Dept
500 Montgomery Sq
Lawton OK 73501

City of Oklahoma City
P O Box 26570
Oklahoma City OK 73126-0570

CMRE Financial Srvs
Medical Payment Data
3075 E Imperial Hwy
Ste 200
Brea CA 92821

Conserve
Western OK State Coll
P O Box 7
Fairport NY 14450

Continental Credit
6054 S Western Ave
Oklahoma City OK 73139

Continental Credit
Security Finance
P O Box 3146
Spartanburg SC 29304

Corporate Office
United Finance Co
P O Box 54886
Oklahoma City OK 73154

Cox Communications
P O Box 268870
Oklahoma City OK 73126

Credit Collections Inc
Cash King Loans
Eureka Water
P O Box 60607
Oklahoma City OK 73146

Credit Control
Cox Communications
P O Box 120630
Newport News VA 23612

Credit Solutions Corp
First Bank of Delaware
5454 Ruffin Road Ste 200
San Diego CA 92123

Credit Systems Intrntl
City of Oklahoma City
1277 Country Club Ln
Ft Worth TX 76112

Credit World Srvs
Western OK State Col
6000 Martway St
Shawnee Mission KS 66202

Customer Credit
Cox Royal Mgmt
25331 1H 10 W Ste 101
San Antonio TX 78257

Customer Credit Del City
4989 SE 29th
Del City OK 73115-3115

Dash Financial Srvs
P O Box 6329
Moore OK 73153

Dealers Finance
1125 SE Grand Blvd
Suite 102
Oklahoma City OK 73129

Dynamic Recovery Sltns
EZ Payday Loans of Okla
Lifetouch
P O Box 25759
Greenville SC 29616

Emerg Srvs of Oklahoma
3075 E Imperial Hwy
Ste 200
Brea CA 92821

Enhanced Recovery
ATT
P O Box 57547
Jacksonville FL 32241

EOS CCA
ATT
P O Box 439
Norwell MA 02061-0439

Eureka Water Co
729 SW 3rd
Oklahoma City OK 73109j

Fidelity Information Corp
Landlord Ians Enterprise
P O Box 49938
Los Angeles CA 90049

FMS Inc Integrist Bapt Mdcl
Integris SW Medical Cntr
Oklahoma Gas and Elec
P O Box 707600
Tulsa OK 74170-7600

Franklin Collection Rcv
ATT
P O Box 3910
Tupelo MS 38803

Frontier Financial Grp
United Debt Holding Co
Ace Cash
631 N Stephanie St No 419
Henderson NV 89014

Full Circle Fncl Services
Europro Operating
P O Box 2438
Largo FL 33779-2438

H and H Legal Support Srvs
P O Box 720066
Oklahoma City OK 73172

H and R Block Bank
P O Box 7235
Sioux Falls SD 57117

Hooked on Finance
103 Mill Plain Rd
Danbury CT 06811

IC System Collections
ATT Uverse
ATT Southwest
P O Box 64378
St Paul MN 55164-0378

Integrus Baptist Mdcl Cntr
P O Box 268907
Oklahoma City OK 73226

Integrus Baptist Med Center
Morgan and Assoc
2601 NW Expressway
Suite 205 E
Oklahoma City OK 73112

Integrus ER Physicians
P O Box 960071
Oklahoma City OK 73196

Integrus Southwest Medical Cntr
P O Box 268908
Oklahoma City OK 73126-8908

Integrity Auto Finance
801 W I-240 Srvs Road
Oklahoma City OK 73139

Kansas Counselors Inc
Baptist ER Physicians
1421 N Saint Paul St
Wichita KS 67203

LTD Financial Srvs
Sandviks Hop
7322 Southwest Freeway
Ste 1600
Houston TX 77074

Maverick Finance
6054 S Western
Oklahoma City OK 73139

Miche Investment
714 NW 25th
Oklahoma City OK

Millenium Financial Grp
All American Fitness
5770 NW Expressway
Suite 102
Oklahoma City OK 73132

Monarch Recovery Mgmt
Asset Acceptance
First Premier Bank
10965 Decatur Road
Philadelphia PA 19154

Money Services
W Craig Barton Atty
P O Box 54886
Oklahoma City OK 73154

National Credit Adjusters
Aarons Sales and Lease
ABC Payday Loan
P O Box 3023
Hutchinson KS 67504-3023

National Credit Adjusters Co
SGQ Processing
P O Box 3023
Hutchinson KS 67504-3023

National Credit Adjusters Co
William Sokol Atty
900 12th Street Ste A-11
Hammonton NJ 08037

NCB Mgmt Services
Bank of Oklahoma
P O Box 1099
Lanhorne PA 19047

OGE
P O Box 24990
Oklahoma City OK 73124

Okla Employment Security Commsn
P O Box 52925
Oklahoma City OK 73152-2925

Oklahoma Natural Gas
401 N Harvey
Oklahoma City OK

North Shore Agency
Publishers Clearing House
P O Box 9205
Old Bethpage NY 11804-9005

Oklahoma Dept of Human Srvs
Office of Inspector General
Child Care Compliance
P O Box 25352
Oklahoma City OK 73125

Paid in Cash
4859 SE 44th Street
Del City OK 73115

Professional Ins Corp of Okla
PIC MW Scott Suchy Atty
P O Box 720066
Oklahoma City OK 73172

Publishers Clearing House
P O Box 4002936
Des Moines IA 50340

Reliant Capital Sltns
Univ of Phoenix
P O Box 30469
Columbus OH 43230

RoVo and Assoc
Ace Cash
United Debt Holding Co
9980 W Flaminio Road
Las Vegas NV 89147

Sallie Mae
P O Box 9635
Wilkes Barre PA 18773

Southwest Credit Syst
ATT
4120 International Pkwy
Ste 1100
Carrollton TX 75007-1958

States Recovery Systems
Univ of Phoenix
1514 NW 18th Street
Oklahoma City OK 73106

Terracom Inc
P O Box 26525
Section 3050
Oklahoma City OK 73126

TexasLife Ins Co
P O Box 2209
Waco TX 76793

The Oklahoman
P O Box 268880
Oklahoma City OK 73126

TRS Recovery
Lifetouch
P O Box 173089
Greenville SC 29616

TRS Recovery Srvs
Wal Mart
P O Box 60022
City of Industry CA 91716-0022

Tulsa Adjustment Bur
Cox Communications
P O Box 52032
Tulsa OK 74152

United Finance Co
4644 SE 29th
Del City OK 73115

Univ of Phoenix
P O Box 29887
Phoenix AZ 85038

Steven Want
P O Box 1623
Bethany OK 73008

Weltman Weinberg and Reis LPA
United Tranz Actions
P O Box 93596
Cleveland OH 44101

LOCAL FORM 2
PAY ADVICE COVER SHEET

IN THE UNITED STATES BANKRUPTCY COURT FOR THE
WESTERN DISTRICT OF OKLAHOMA

IN RE: Aniquasea)
Debtor's Name, Harding) Case No. - - -
Debtor.) Chapter 7

PAY ADVICE COVER SHEET

The following pay advice/income record information is filed on behalf of the debtors:

☒ Pay advices are attached as follows:

Employer	Beginning Date	Ending Date
<u>Hertz</u>	<u>07/11</u>	<u>09/11</u>
_____	_____	_____
_____	_____	_____

☐ The debtor certifies by his/her signature below that he/she has no pay records because:

Dated on the 20th day of September, 20 15.

[Signature]
(Debtor Signature)

☒ Pro se Debtor

☐ Represented by Counsel

S/

Attorney Name - Bar Number

Address

Telephone Number

Fax Number

Email Address



Hertz Employee Self-Service- US



Navigator



Favorites

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Payslip

The Hertz Corporation - 225 Brae Blvd - Park Ridge, NJ 07656

Choose a Payslip 03-SEP-2015 - 221248 - Check 1

Go

Employee Name **Aniquasea M. Harding**
 Employee Number **221248**
 Employee Address **1118 NW 41st Street**
Oklahoma City
OK
73118
 Pay Basis **Wages Weekly**

Employer name **RAC.HAC..HCM Central Recoveries.**
 Organization **RAC.HAC..HCM Central Recoveries.**
 Employer Address **14501 Hertz Quail Springs Parkway**
Hertz Administrative Center
Oklahoma City
OK
73134
 Payroll **Hertz NonCA Wk**

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate	Annual Salary
Week	03-Sep-2015	21-Aug-2015	27-Aug-2015	560.00	29120.00

Summary

Current or YTD	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	673.40	95.31	56.23	177.12	344.74
YTD	9377.20	369.91	909.76	1337.21	6760.32

Hours and Earnings

Description	Start Date	End Date	Current Hours	Current Amount	YTD Hours	YTD Amount
Holiday				0.00	32.00	448.00
Vacation				0.00	16.00	224.00
Overtime			5.40	113.40	15.00	315.00
Sick Payment				0.00	10.00	140.00
Regular Pay			40.00	560.00	589.30	8250.20

Pre-Tax Deductions

Taxes

Description	Current	YTD	Description	Current	YTD
DC FSA	5.32	21.28	Federal Tax	0.00	51.70
HC FSA	10.64	42.56	Social Security	35.84	558.45
Medical Plan Deduct	63.85	246.28	Medicare	8.39	130.61
Dental Plan	10.50	40.50	OK State Tax	12.00	169.00
Vision Plan	2.18	8.41			
LTD Plan	0.51	1.97			
Supp STD	1.21	4.67			
Add Plan	1.10	4.24			

After-Tax Deductions

Description	Current	YTD
Garnishment	154.29	1249.16
Depnd Life Plan	1.38	5.32
Vol Benefits	21.45	82.73

Tax Withholding Information

Type	Marital Status	Exemptions	Secondary Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	10		0.00	0.00	0
Oklahoma	Single	8		0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
2619623659	Oklahoma federal credit union	C	XXXXX9200	344.74

Other Information

Description	Value
Total Hours Worked - Current	45.40

Third Party Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
				154.29

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The Hertz Corporation - 225 Brae Blvd - Park Ridge, NJ 07656

Choose a Payslip 27-AUG-2015 - 221248 - Check 1

Go

Employee Name **Aniquasea M. Harding**Employee Number **221248**Employee Address **1118 NW 41st Street****Oklahoma City****OK****73118**Pay Basis **Wages Weekly**Employer name **RAC.HAC..HCM Central Recoveries.**Organization **RAC.HAC..HCM Central Recoveries.**Employer Address **14501 Hertz Quail Springs Parkway****Hertz Administrative Center****Oklahoma City****OK****73134**Payroll **Hertz NonCA Wk**

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate	Annual Salary
Week	27-Aug-2015	14-Aug-2015	20-Aug-2015	560.00	29120.00

Summary

Current or YTD	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	564.20	95.31	41.87	153.41	273.61
YTD	8703.80	274.60	853.53	1160.09	6415.58

Hours and Earnings

Description	Start Date	End Date	Current Hours	Current Amount	YTD Hours	YTD Amount
Holiday				0.00	32.00	448.00
Vacation				0.00	16.00	224.00
Overtime			0.20	4.20	9.60	201.60
Sick Payment			10.00	140.00	10.00	140.00
Regular Pay			30.00	420.00	549.30	7690.20

Pre-Tax Deductions

Taxes

Description	Current	YTD	Description	Current	YTD
DC FSA	5.32	15.96	Federal Tax	0.00	51.70
HC FSA	10.64	31.92	Social Security	29.07	522.61
Medical Plan Deduct	63.85	182.43	Medicare	6.80	122.22
Dental Plan	10.50	30.00	OK State Tax	6.00	157.00
Vision Plan	2.18	6.23			
LTD Plan	0.51	1.46			
Supp STD	1.21	3.46			
Add Plan	1.10	3.14			

After-Tax Deductions

Description	Current	YTD
Garnishment	130.58	1094.87
Depnd Life Plan	1.38	3.94
Vol Benefits	21.45	61.28

Tax Withholding Information

Type	Marital Status	Exemptions	Secondary Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	10		0.00	0.00	0
Oklahoma	Single	8		0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
2615520031	Oklahoma federal credit union	C	XXXXX9200	273.61

Other Information

Description	Value
Total Hours Worked - Current	30.20

Third Party Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
				130.58

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The Hertz Corporation - 225 Brae Blvd - Park Ridge, NJ 07656

Choose a Payslip 20-AUG-2015 - 221248 - Check 1

Go

Employee Name **Aniquasea M. Harding**Employee Number **221248**Employee Address **1118 NW 41st Street****Oklahoma City****OK****73118**Pay Basis **Wages Weekly**Employer name **RAC.HAC..HCM Central Recoveries.**Organization **RAC.HAC..HCM Central Recoveries.**Employer Address **14501 Hertz Quail Springs Parkway****Hertz Administrative Center****Oklahoma City****OK****73134**Payroll **Hertz NonCA Wk**

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate	Annual Salary
Week	20-Aug-2015	07-Aug-2015	13-Aug-2015	560.00	29120.00

Summary

Current or YTD	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	555.80	95.31	41.22	151.48	267.79
YTD	8139.60	179.29	811.66	1006.68	6141.97

Hours and Earnings

Description	Start Date	End Date	Current Hours	Current Amount	YTD Hours	YTD Amount
Holiday				0.00	32.00	448.00
Vacation				0.00	16.00	224.00
Overtime				0.00	9.40	197.40
Regular Pay			39.70	555.80	519.30	7270.20

Pre-Tax Deductions

Taxes

Description	Current	YTD	Description	Current	YTD
DC FSA	5.32	10.64	Federal Tax	0.00	51.70
HC FSA	10.64	21.28	Social Security	28.55	493.54
Medical Plan Deduct	63.85	118.58	Medicare	6.67	115.42
Dental Plan	10.50	19.50	OK State Tax	6.00	151.00
Vision Plan	2.18	4.05			
LTD Plan	0.51	0.95			
Supp STD	1.21	2.25			
Add Plan	1.10	2.04			

After-Tax Deductions

Description	Current	YTD
Garnishment	128.65	964.29
Depnd Life Plan	1.38	2.56
Vol Benefits	21.45	39.83

Tax Withholding Information

Type	Marital Status	Exemptions	Secondary Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	10		0.00	0.00	0
Oklahoma	Single	8		0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
2611290396	Oklahoma federal credit union	C	XXXXX9200	267.79

Other Information

Description	Value
Total Hours Worked - Current	39.70

Third Party Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
				128.65

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Choose a Payslip 13-AUG-2015 - 221248 - Check 1

Go

Employee Name **Aniquasea M. Harding**
Employee Number **221248**
Employee Address **1118 NW 41st Street**
Oklahoma City
OK
73118
Pay Basis **Wages Weekly**

Employer name **RAC.HAC..HCM Central Recoveries.**
Organization **RAC.HAC..HCM Central Recoveries.**
Employer Address **14501 Hertz Quail Springs Parkway**
Hertz Administrative Center
Oklahoma City
OK
73134
Payroll **Hertz NonCA Wk**

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate	Annual Salary
Week	13-Aug-2015	31-Jul-2015	06-Aug-2015	560.00	29120.00

Summary

Current or YTD	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	648.20	83.98	54.16	168.07	341.99
YTD	7583.80	83.98	770.44	855.20	5874.18

Hours and Earnings

Description	Start Date	End Date	Current Hours	Current Amount	YTD Hours	YTD Amount
Holiday				0.00	32.00	448.00
Vacation			8.00	112.00	16.00	224.00
Overtime			4.20	88.20	9.40	197.40
Regular Pay			32.00	448.00	479.60	6714.40

Rate Details

Pre-Tax Deductions

Description	Current	YTD
DC FSA	5.32	5.32
HC FSA	10.64	10.64
Medical Plan Deduct	54.73	54.73
Dental Plan	9.00	9.00
Vision Plan	1.87	1.87
LTD Plan	0.44	0.44

Taxes

Description	Current	YTD
Federal Tax	0.00	51.70
Social Security	34.98	464.99
Medicare	8.18	108.75
OK State Tax	11.00	145.00

Supp STD	1.04	1.04
Add Plan	0.94	0.94

After-Tax Deductions

Description	Current	YTD
Garnishment	148.51	835.64
Depnd Life Plan	1.18	1.18
Vol Benefits	18.38	18.38

Tax Withholding Information

Type	Marital Status	Exemptions	Secondary Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	10		0.00	0.00	0
Oklahoma	Single	8		0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
2607243494	Oklahoma federal credit union	C	XXXXX9200	341.99

Other Information

Description	Value
Total Hours Worked - Current	36.20

Third Party Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
				148.51

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Choose a Payslip 06-AUG-2015 - 221248 - Check 1

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Employee Name **Aniquasea M. Harding**
 Employee Number **221248**
 Employee Address **1118 NW 41st Street**
Oklahoma City
OK
73118
 Pay Basis **Wages Weekly**

Employer name **RAC.HAC..HCM Central Recoveries.**
 Organization **RAC.HAC..HCM Central Recoveries.**
 Employer Address **14501 Hertz Quail Springs Parkway**
Hertz Administrative Center
Oklahoma City
OK
73134
 Payroll **Hertz NonCA Wk**

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate	Annual Salary
Week	06-Aug-2015	24-Jul-2015	30-Jul-2015	560.00	29120.00

Summary

Current or YTD	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	560.00	0.00	53.84	126.54	379.62
YTD	6935.60	0.00	716.28	687.13	5532.19

Hours and Earnings

Description	Start Date	End Date	Current Hours	Current Amount	YTD Hours	YTD Amount
Holiday				0.00	32.00	448.00
Vacation			8.00	112.00	8.00	112.00
Overtime				0.00	5.20	109.20
Regular Pay			32.00	448.00	447.60	6266.40

Rate Details

Pre-Tax Deductions

Description	Current	YTD
No results found.		

Taxes

Description	Current	YTD
Federal Tax	0.00	51.70
Social Security	34.72	430.01
Medicare	8.12	100.57
OK State Tax	11.00	134.00

After-Tax Deductions

Payslip

Description	Current	YTD
Garnishment	126.54	687.13

Tax Withholding Information

Type	Marital Status	Exemptions	Secondary Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	10		0.00	0.00	0
Oklahoma	Single	8		0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
2603086446	Oklahoma federal credit union	C	XXXXX9200	379.62

Other Information

Description	Value
Total Hours Worked - Current	32.00

Third Party Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
				126.54

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Payslip

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Choose a Payslip 30-JUL-2015 - 221248 - Check 1

Go

Employee Name **Aniquasea M. Harding**Employee Number **221248**Employee Address **1118 NW 41st Street
Oklahoma City
OK
73118**Pay Basis **Wages Weekly**Employer name **RAC.HAC..HCM Central Recoveries.**Organization **RAC.HAC..HCM Central Recoveries.**Employer Address **14501 Hertz Quail Springs Parkway
Hertz Administrative Center
Oklahoma City
OK**Payroll **73134
Hertz NonCA Wk**

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate	Annual Salary
Week	30-Jul-2015	17-Jul-2015	23-Jul-2015	560.00	29120.00

Summary

Current or YTD	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	566.30	0.00	54.33	127.99	383.98
YTD	6375.60	0.00	662.44	560.59	5152.57

Hours and Earnings

Description	Start Date	End Date	Current Hours	Current Amount	YTD Hours	YTD Amount
Holiday				0.00	32.00	448.00
Overtime			0.30	6.30	5.20	109.20
Regular Pay			40.00	560.00	415.60	5818.40

Pre-Tax Deductions

Taxes

Description	Current	YTD	Description	Current	YTD
No results found.			Federal Tax	0.00	51.70
			Social Security	35.11	395.29
			Medicare	8.22	92.45
			OK State Tax	11.00	123.00

After-Tax Deductions

Description	Current	YTD
Garnishment	127.99	560.59

Payslip

Tax Withholding Information

Type	Marital Status	Exemptions	Secondary Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	10		0:00	0.00	0
Oklahoma	Single	8		0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
2597913956	Oklahoma federal credit union	C	XXXXX9200	383.98

Other Information

Description	Value
Total Hours Worked - Current	40.30

Third Party Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
				127.99

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